

Town of Horicon Planning Board

Conditional Use (Site Plan Review) Instructions

Section 9 -Town of Horicon Zoning and Project Review

- 1.** Fill out and return the application, **Eight (8) copies** and all relevant materials to the Town of Horicon Zoning & Planning Office, Two (2) weeks prior to meeting date. Planning Board meetings are held on the third (3rd) Wednesday of each month, 7:30 PM at the Horicon Community Center 6604 State Rte 8 Brant Lake, NY
- 2.** Include Perk Test results (if applicable). **Eight (8) copies.**
- 3.** Include a sketch, drawing or photo showing how the building(s), improvements, etc. will look when completed. **Eight (8) copies**
- 4.** A plot plan of the lot, drawn to scale must be attached, indicating the location and the size of the lot, size and location of the improvement(s) thereon and the size and location of proposed improvement(s) to be erected thereon. **Eight (8) copies**
- 5.** If application is represented by someone other than the owner of record, the AUTHORITY TO ACT AS AGENT FOR PROPERTY OWNER must be completed, notarized and attached to this application. **Eight (8) copies.**
- 6.** Include Deed to parcel. **EIGHT (8) copies.**
- 7.** Complete Environmental Assessment Form (if applicable), Part 1 ONLY.
Eight (8) copies. (Download Form from dec.state.ny.us or horiconny.gov website).
- 8.** Enclose a check for \$100.00, payable to the Town of Horicon
- 9.** Place batter stakes at site location for inspection by Zoning Administrator.

Check List:

- 1) Application _____
- 2) Perk Test (if applicable)_____
- 3) Sketch, drawing, photo_____
- 4) Plot Plan_____
- 5) Authorization form (If applicable)_____
- 6) Deed_____
- 7) Environmental Assessment Form (if applicable) _____
- 8) Payment of \$100.00_____
- 9) Batter Stakes placed (if applicable)_____

Town of Horicon Planning Board

PO Box 90

Brant Lake, NY 12815

(518) 494-4245 Fax (518) 494-5240

horiconzoning2003@yahoo.com

Application # _____ -CU

Date Received _____

Date deemed complete _____

Decision _____ Date _____

Conditional Use Application (Site Plan Review)

Property Owner's Name: _____

Mailing Address: _____

Phone Number(s) _____

Contractor's/Agent/Representative's Name (if Applicable) _____

Mailing Address: _____

Phone Number(s) _____

Tax Map Number: _____ Parcel Size (acreage or sq. ft) _____

Location of Property: (911 address) _____

Zone Classification & Acres: _____ If parcel is in multiple zones, indicate all zones.

CR-20,000 sq. ft, CR-3.2 acres,
R1-20,000 sq. ft, R1-1.3 acres, R1-2 acres, R1-3.2 acres, R1-10 acres,
R1A-3.2. acres, R1A-5 acres,
R2-2 acres, R2-3.2 acres, R2-5 acres, R2-10 acres,
LC-10 acres, LC-42.6 acres,
RRD-3.2 acres, RRD-5 acres, RRD-10 acres.

Proposed Use:(what are you proposing to accomplish with this application): _____

Current use of property: (What is present on this parcel today) list **all** structures:

Description of how to find Property: _____

Is lot in question within **500 feet** of a **County or State Road**, Right of Way, Park, Municipal Boundary, watershed draining, any County or State Facilities? YES NO

County and State Roads: State Rte 8
Palisades Rd #26
East Shore Dr #15
Valentine Pond Rd #55
Horicon Ave #31
East Schroon River Rd #64
Market St #33
Watering Tub Rd #53

Adirondack Park Agency (APA) Questions:

1) Are there wetlands on the property? YES NO UNKNOWN

IF YES, _____Acres/Sq Ft.

IF UNKNOWN, have you contacted the APA to inquire if wetlands exist on parcel or requested a site review to flag possible wetlands? YES NO

2) Is an Adirondack Park Agency (APA) permit required? YES NO UNKNOWN

IF YES, Have you applied for an APA permit? YES NO
please attach correspondence you have had with the APA.

IF UNKNOWN, have you applied for an APA Jurisdictional determination or had contact with the APA for determination? YES NO

IF YES, please attach application for determination.

IF NO, explain_____

Are additional documents presented as part of this application? YES NO
IF YES, then mark all additional documents as Exhibit A, Exhibit B, etc.

Notice is hereby given that in the event the Town of Horicon determines that technical assistance is needed to review the project, the reasonable and necessary expenses associated with such review shall be borne by the project applicant\developer.

I, We hereby authorize the Town of Horicon, it's employees and authorized agents access to the property for purpose of inspection.

Applicant's Signature

Date

AUTHORITY TO ACT AS AGENT FOR PROPERTY OWNER

I, _____, the owner of record of the
property described in this application hereby empower, _____

to act as my agent and representative in conducting presentations to the necessary board(s) and in
deliberations with the board(s) pertaining to my application.

As my agent, He/She is empowered to act on my behalf in full. In so doing I, the owner applicant,
understand that I am bound by any conditions imposed on my project and agreed to by my agent or
by conditions or restrictions imposed by my agent as part of the presentation.

Signature of Owner/Applicant

Date

Notary

Signature of Agent/Representative

Date

Notary